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ABSTRACT

The primary goal of this handbook is to provide basic information about human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). It incorporates information on different facets of the HIV pandemic drawn from various sources. Section one addresses facts about the transmission of HIV, the virus that causes AIDS, and how the virus is spread. The second section provides a description of the HIV antibody testing process. Section three outlines proper methods for handling body fluids when someone becomes injured or ill during the school day. Section four offers concrete suggestions on how to help infected people. The final section discusses the processes of grief and mourning that people may experience at the death of a loved one. Resources provided include national hotlines, state HIV education contacts, national HIV education programs, publications, online resources, videotapes, and special events. (ND)

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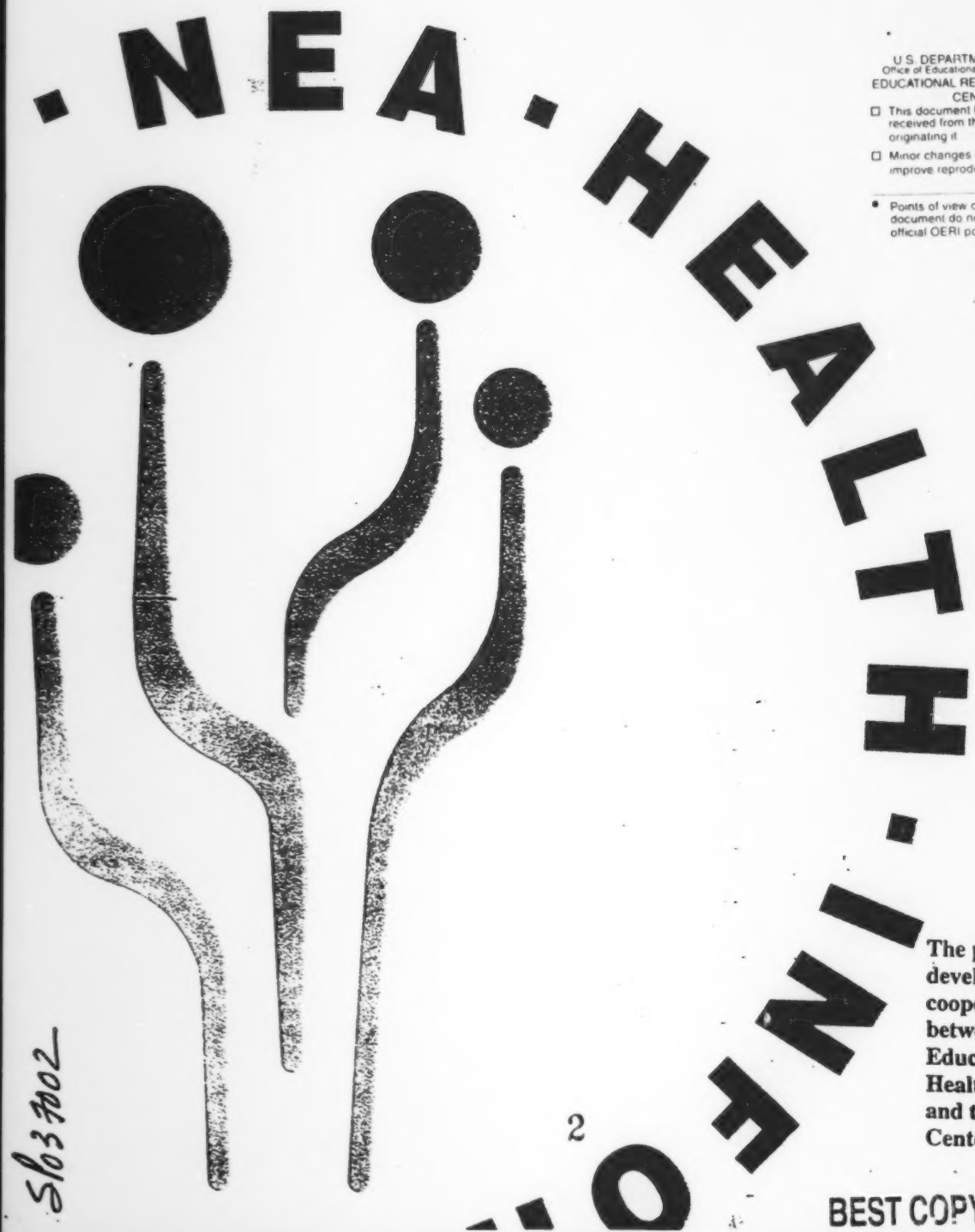
National Education Association Health Information Network

ED 401 257

Responding to HIV and AIDS

A Special Publication for NEA Members



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RESPONDING TO HIV AND AIDS
PREFACE

The views and opinions expressed in this document are the sole responsibility oth the NEA Health Information Network. While the information contained in this handbook is factual and was reviewed for technical accuracy by the U.S. Centers for Disease Control, some of the content may be considered unsuitable for some school-aged populations. All readers should remember that this handbook is written primarily for NEA members and staff, and that the specific content of any youth-oriented HIV education program should be determined according to the values and norms of each community. NEA members must provide important leadership in ensuring the development of effective, skill-based HIV prevention education programs in every school and community.

The NEA Health Information Network brings together the NEA, the U.S. Public Health Service, the National Association of School Nurses, and the American Academy of Pediatrics in an ongoing effort to provide teachers and other school employees the facts they need to help students -- and their communities -understand, avoid, or modify the behaviors that place young people at risk for disease and injury.

"Responding to HIV and AIDS" is a special publication from the NEA Health Information Network. It is the second handbook developed for the National Education Association concerning the HIV pandemic. In September, 1987, this handbook's predecessor, "The Facts About AIDS," was mailed to every NEA member as an insert in NEA Today. While transmission, prevention, and resource information presented in this handbook have been updated as of May 1996, some numbers and terms used still reflect the knowledge and language at the time of its second revision and pirinting in 1993. A complete revision of this handbook is scheduled for the Fall of 1996. For more up-to-date statistics contact the National AIDS Hotline (800)342-AIDS or the National AIDS Clearinghouse (800) 458-5231.

Editorial Note

This handbook was written as part of a cooperative agreement between the NEA Health Information Network and the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, United States Centers for Disease Control. For information on materials and programs available through the Division of Adolescent and School Health contact:

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Introduction

Should Educators Be Concerned About HIV and AIDS?

YES.

Everyone needs to be concerned about human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). You need to be concerned. We all should know how the virus is and is not spread. On a personal level, we all should learn what to do to avoid contracting HIV. As educators, we need to play a vital role in helping students learn about HIV and AIDS, and in encouraging the adoption of healthy behaviors. We should also recognize that there is no need to worry about contracting HIV in school. In addition, we must also foster compassion for those who are affected by HIV and AIDS.

The primary goal of this handbook is to provide basic information about HIV and AIDS. It incorporates information on different facets of the HIV pandemic drawn from various sources. Section One addresses facts about the transmission of HIV, the virus that causes AIDS. You will read that HIV is spread in very limited ways which do not ordinarily occur in the school setting -- most often through unprotected sexual contact or by sharing intravenous (IV) drug needles with an infected person. **Under daily classroom circumstances, neither teachers nor students can contract HIV from other persons who have HIV.**

The second Section of this guide provides a description of the HIV antibody testing process. Section Three outlines proper methods for handling body fluids when someone becomes injured or ill during the school day. Section Four offers concrete suggestions on how you can help infected people. The final section discusses the processes of grief and mourning that people may experience at the death of a loved one.

It is the hope of the NEA Health Information Network that this handbook will provide readers with information to allay fears about -- and foster compassion for -- those persons who are living with HIV or AIDS, to provide an understanding of the dimensions of the HIV crisis, and to encourage readers to become leaders in developing effective, appropriate school-based responses to the pandemic.

❶ The HIV and AIDS Basics

Acquired immunodeficiency syndrome (AIDS) was first reported in the United States in mid-1981. Since that time, more than 150,000 people have been diagnosed with AIDS; more than half have died. No cure as yet exists, and AIDS is expected to claim increasing numbers of lives in the coming years.

As of mid-1989, the U. S. Public Health Service estimated that one million people in the United States were infected with human immunodeficiency virus (HIV), the virus that causes AIDS. Many of these persons have no symptoms; they look and feel healthy. Because a person can have HIV for years before showing any symptoms, many people may not even know they're carrying the virus. Anyone who has HIV is capable of transmitting it to others, whether the infected person shows symptoms or not.

Research indicates that approximately half of all persons with HIV may develop opportunistic infections and be diagnosed with AIDS within 7 to 10 years after infection, and that eventually, nearly all persons who have HIV will become ill in some way because of their infection.

To date, accurate information and education that provides skills for avoiding risky behaviors are our best strategies to prevent the further spread of HIV and reduce the number of deaths from AIDS. Treatments or preventive vaccines are constantly being researched, but will likely take years to develop. If you'd like more information about current drug trials, contact that National Institute of Allergy and Infectious Diseases' hotline: (800)TRIALS-A.

For the foreseeable future, the best way we can interrupt the spread of HIV will be by educating students to avoid personal behaviors that can transmit HIV. Education can help to effect this change by increasing our understanding of how the virus is transmitted. This, in turn, can reduce unnecessary fears about HIV and AIDS.

It is especially important that educators have complete and accurate information about HIV and AIDS. Educators must play an important role in providing preventive education.

AIDS? HIV? What's the Difference?

As educators, we need to play a vital role in helping students learn about HIV and AIDS, and in encouraging the adoption of healthy behaviors.

AIDS is a serious impairment in a person's immune system. AIDS is the stage of infection with the human immuno-deficiency virus (HIV). HIV is the virus that causes AIDS, and it is HIV, not AIDS, that is spread through the exchange of certain body fluids – blood, semen, vaginal secretions, and breast milk. A person who has HIV is diagnosed with AIDS by the onset of specific opportunistic infections.

HIV infects and kills certain types of white blood cells called T-helper cells that help protect the body from infections. People who have HIV are vulnerable to serious illnesses cause by bacteria, fungi, viruses, and protozoa, and to some forms of cancer. These illnesses, usually not a threat to people with normally functioning immune systems, are called "opportunistic" because they need the opportunity of a weakened immune system in order to cause illness. It was the unexpected presence of these opportunistic illnesses in a group of previously healthy young gay men in 1981 that first led to the recognition of AIDS by public health workers. At first, their condition was thought to be related to their sexual orientation, however, we now know that **anyone** who engages in risky behaviors can get HIV.

HIV is a fragile virus. It cannot multiply or complete its life cycle outside the body; it is not spread through the air. Ordinary bleach and water will destroy HIV. HIV is spread through the direct contact of the blood, semen, vaginal secretions, or breast milk of an infected person with another person. This contact is most often made through sexual intercourse with an infected person or the sharing of unsterilized needles or syringes ("works") with an infected person. An infected mother may transmit HIV to her baby during pregnancy, childbirth, or breastfeeding.

How Is HIV Transmitted?

HIV does not discriminate: anyone can contract the virus. You don't have to be gay, live in an inner city, or be a drug user to get HIV. If you engage in a behavior that transmits HIV (see table) with someone who has HIV, you can get HIV, too.

Today, there is a very small risk (less than 1 in 40,000) of transmission of HIV through blood transfusions. If you abstain from sexual relations, do not share needles to inject drugs and have not received transfused blood, your risk of getting HIV is minimal. couples who do not have HIV, who have sex only with each other, and who do not share needles with others also have virtually no risk of infection, except for the very small risk from blood transfusions mentioned above.

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HOW HIV IS TRANSMITTED

Through behaviors which permit the direct contact of HIV-infected blood, semen, vaginal secretions, or breast milk with another person.

Risk Category	Examples	Ways to Reduce Risk
Sexual Transmission	Sexual intercourse (anal, vaginal, oral)	●Abstinence ●Mutual monogamy with an un-infected partner ●Proper use of latex condoms ●Spermicides may provide additional protection
Transmission from HIV-infected blood	Sharing needles and syringes	●Don't use drugs ●Don't share needles or syringes ●Clean needles with bleach and water before re-use
	Through contaminated blood transfusions (new infections are very rare)	Donate your own blood before non-emergency surgery
Perinatal Transmission	Infants born to HIV-infected women	If infected with HIV, avoid pregnancy
Postnatal Transmission	Breast feeding	If infected with HIV, avoid breast feeding

HOW HIV IS NOT TRANSMITTED

Through "casual contact", i.e. any contact that does not permit the exchange of blood, semen, vaginal secretions, or breast milk from one person to another.

Casual contact includes:

Sneezing, Coughing, Shaking Hands, from Insect bites, Sharing Eating Utensils, Sharing Food or Beverages, Sharing Toilets, Furniture, Telephones, Office Equipment

Sexual Transmission

HIV can be transmitted through any form of heterosexual or homosexual intercourse including oral, anal, and vaginal intercourse. Any sexual practices that cause bleeding or small, often invisible tears in the vagina, penis, or rectum increase the likelihood of HIV transmission.

Some questions remain unanswered about the sexual transmission of HIV. For example, we're not sure why some sexual partners of persons who have HIV have not become infected despite repeated sexual encounters. Scientists also do not yet fully understand how the virus gets from one sex partner to another during vaginal intercourse, but they have shown that the presence of other sexually transmitted diseases such as syphilis, gonorrhea, or herpes may be a factor. Recent information has also shown that some persons have contracted HIV from oral intercourse.

Latex condoms ("rubbers") can help prevent the spread of HIV through sexual intercourse. Condoms, however, are not foolproof: their effectiveness is lost if they break or leak, or if they're not used properly every time a person has intercourse.

Safer Sex

Abstinence (not having sexual intercourse) and mutual monogamy between un-infected partners (mutually faithful sexual relationship between un-infected partners) are the only 100% effective ways to avoid contracting HIV through sexual contact.

The term "safer sex" describes any sexual contact that reduces exposure to blood, semen, and vaginal secretions. **Latex** condoms ("rubbers") - because they prevent contact with blood, semen, and vaginal secretions -- can help prevent the spread of HIV through sexual intercourse. The effectiveness of latex condoms may be enhanced if they are used along with a spermicide, such as nonoxynol-9, which has been shown to kill HIV in laboratory tests. Some people have irritation of the skin or mucous membranes from nonoxynol-9. If this is the case, nonoxynol-9 should not be used. Latex condoms and spermicides can be found in a drug store or pharmacy.

You must use a latex condom from start to finish each time you have intercourse. Each condom can only be used once. Latex condoms should not be stored for extended periods of time in warm places (like a wallet) because heat weakens the rubber. Only condoms made of latex offer protection. HIV can penetrate natural membrane "lamb skin" condoms.

The use of lubricants in conjunction with condoms can decrease the chances of tears in the condom, vagina or rectum. Water-based lubricants should be used because they do not damage latex condoms. Oil-based lubricants (like hand cream or petroleum jelly) can cause latex to break and should not be used.

The regular use of latex condoms can also prevent other sexually transmitted infections that appear to increase a person's susceptibility to HIV. Condoms, however, are not

foolproof: their effectiveness is lost if they break or leak, or if they're not used properly every time a person has intercourse.

Latex squares, also called "dental dams", are small, square pieces of latex. When used during certain forms of oral intercourse (mouth-to-anus or mouth-to-vagina), dental dams are intended to prevent contact with fluids that could carry HIV. The square must be positioned over the anus or vaginal opening and held in place during oral contact. The use of dental dams is controversial because their effectiveness as a protective device has not been supported by scientific evidence. Anyone who relies on dental dams for protection from HIV may be placing their health at risk.

Transmission of HIV from Injected Blood

Because small amounts of blood remain in unsterilized needles or syringes, sharing or re-using equipment to inject substances into your body is **extremely risky.** Any equipment that is not sterile -- whether it's used for self-medication, shooting illicit drugs, injecting steroids, piercing ears, or tattooing -- may be contaminated with HIV or other harmful germs.

Studies of people who inject drugs show that in a few cities as many as 60% have HIV. Sharing needles among groups of people in "shooting galleries" is especially dangerous because many people share or re-use needles.

Illicit drugs are frequently addictive and carry other serious health risks along with the risk of HIV transmission from needle sharing. If you use drugs, get help to stop. If you can't stop, don't share needles, or at least clean them thoroughly with bleach and water before each use.

Before 1985, some people who received blood and blood products for medical reasons received blood products that contained HIV. This occurred before scientists discovered that HIV is transmitted by blood. Some of these recipients have developed HIV infection and AIDS, accounting for 3% of all AIDS cases. Since 1985, all U.S. blood and plasma donations have been screened for the HIV antibody; as a result, blood transfusions are much safer.

However, if you received blood transfusions between 1978 and 1985, you may want to consider discussing your HIV risk with your physician or a counselor in a public health clinic. They may recommend taking an HIV antibody test, especially if you received multiple transfusions and were living in an area where HIV is relatively common. (See Chapter Two for additional information on the HIV antibody test.)

Transmission During Pregnancy

It's possible for a pregnant woman who has HIV to pass the virus to her fetus during pregnancy, or to the baby during delivery or through breastfeeding.

About 20% - 30% of babies born to mothers in the U.S. with HIV will be HIV-infected. Those children who are HIV-infected will become seriously ill. For this reason, if you're a woman at risk of having HIV, you should think about taking an HIV antibody test before you consider becoming pregnant.

Pregnancy itself might create serious health problems for women who have HIV. If you have HIV, ask your doctor about the full range of medical and family planning options available to you to further avoid risking your health.
If you have a particular question about HIV transmission, call the National AIDS Hotline: 1-800-342-AIDS.

How Can HIV Infection Be Prevented?

If you don't have HIV now, there is no reason for you to ever contract the virus.

You can prevent getting HIV by stopping the passage of the virus from a person who has HIV to you. In many instances, you have control over the activities that can transmit HIV. Since HIV is most frequently transmitted by sharing needles or through sexual intercourse, you can stop transmission by refusing to engage in these behaviors.

How Is HIV Not Transmitted?

As you've read, you can contract HIV through sexual intercourse, direct introduction into the bloodstream (usually by sharing needles), or mother-to-child transmission during pregnancy, childbirth, or breastfeeding. Casual contact with persons who have HIV or AIDS does **not** place you at any risk. There has never been a case of an infected person transmitting HIV to anyone living in the same household, except when there was sexual contact or needle sharing.

Your community can help prevent the spread of HIV by starting vigorous educational programs, with special emphasis on activities for people in high-risk situations. As an education employee, your role in providing leadership for these activities becomes particularly important.

Specifically, the U. S. Public Health Service recommends the following steps for everyone to reduce their chances of contracting HIV:

- **Recognize that abstinence or long-term, mutual monogamy with an un-infected partner is the best protection against sexual transmission of HIV.**
- **From start to finish of each sexual contact, use a latex condom and spermicide to reduce your risk of contracting HIV from non-monogamous partners.**
- **Avoid sexual activities that could cause cuts or tears in the lining of the rectum, vagina, or penis. Anal intercourse is believed to be particularly risky.**
- **Get treatment for any sexually transmitted diseases (STD). If you have an STD or have had sex with someone who has one, see your physician or public health clinic, or call the National STD Hotline: 1-800-227-8922.**
- **Do not inject drugs. Do not share needles or syringes. If you need information about where to receive counseling to stop using drugs, call the toll-free National AIDS Hotline: 800-342-AIDS, or National Drug Abuse Hotline: 800-662-HELP.**

Safe Contacts

You cannot contract HIV through normal, everyday interactions with persons who have HIV or AIDS. This includes shaking hands, hugging, kissing, crying, coughing, sneezing, or

giving or receiving massages from persons with HIV or AIDS. You also cannot contract the virus from water in pools or baths, from food or beverages, from bed linens, towels, cups, dishes, straws, or other eating utensils, or from toilets, doorknobs, telephones, office equipment, or furniture. HIV is not transmitted through vomit, sweat, stool, or nasal secretions. And although the virus has been isolated in very small concentrations in tears, urine, and saliva of some HIV-positive persons, you cannot get HIV through contact with these fluids. In addition, you cannot get HIV from mosquito or other insect bites. (Unlike insect-transmitted viruses or parasites, such as malaria and yellow fever, HIV does not reproduce or complete its life cycle in insects' salivary glands.)

If you have a particular question about HIV transmission, call the National AIDS Hotline: 1-800-342-AIDS.

What Are The Risks For Heterosexuals?

Some people once considered AIDS a "gay disease." We know this is not true. It is now very clear that HIV can be spread through vaginal intercourse from a man to a woman and from a woman to a man. Globally, more than 60% of all AIDS cases occurred due to heterosexual intercourse. Although such patterns may not hold true in the United States, these data support that HIV can be passed through heterosexual intercourse. In a study of spouses of persons with HIV, most spouses who did not abstain from intercourse and did not use condoms contracted HIV even when they only practiced vaginal intercourse. Consistent use of latex condoms greatly reduced the frequency of HIV transmission to the un-infected spouses.

In the U.S., the number of new AIDS cases arising from heterosexual intercourse is increasing about **three times faster** than cases among homosexual men. Abstinence, mutual monogamy, and consistent, proper use of latex condoms are the only ways to stop further sexual transmission of HIV.

How Do Children Get AIDS?

By the end of 1991, more than 3,000 children under age 13 have been reported with AIDS in the United States. Even more children have other serious illnesses as a result of having HIV.

About 80 percent of all children with AIDS contracted HIV from their mothers during pregnancy or delivery; 19 percent received contaminated transfusions or blood products before the blood supply was screened.

Is There Danger of a Child Contracting HIV from Friends or Schoolmates?

NO. *Transmission would require direct contact of the blood of an HIV-infected child with another person.*

No cases are known or suspected to have been transmitted from one child to another in school, daycare, or foster care settings.

The U. S. Public Health Service recommends that, except in very unusual circumstances, children with HIV or AIDS "should be allowed to attend school and after-school daycare and (when necessary) to be placed in a foster home in an unrestricted setting."

How Can Comprehensive School Health Education Programs Help Stop the Spread of HIV?

One study has suggested that students need at least 50 hours of health instruction per year for a program to be effective.

Our major weapon against the spread of HIV has been and will continue to be education to improve our understanding of HIV and how it is transmitted. The ultimate goal of this education is to prevent or change those behaviors that may expose a person's blood to HIV.

Health education programs that offer brief, uncoordinated, and/or fear-based messages about HIV and AIDS have been found ineffective in changing behaviors. In order to instill lifelong healthy behaviors, students must receive repeated health education messages that clearly show the connections between personal behavioral choices and their health. These type of comprehensive health education programs focus on the maintenance of students' overall well-being, not just on HIV or any other health problem. Studies have shown that only planned, sequential, repetitive, and age appropriate health education programs are effective in formulating healthy behaviors.

These types of successful programs include more than simple informational components about the basic facts of illness and disease. For programs to be successful, students must be given ample classroom opportunities to practice those skills that keep them healthy, including refusal skills and self-esteem building. One study has suggested that students need at least 50 hours of health instruction per year for a program to be effective.

It is also important that the classroom programs be reinforced in the larger school and community through readily-available comprehensive health services and healthy school environments. These complimentary factors institutionalize throughout the school and community those concepts taught in health classes, making healthy living patterns a part of students' and teachers' normal everyday lives. (For more information about comprehensive school health education programs, contact the Centers for Disease Control/Division of Adolescent and School Health, the American School Health Association, the National Center for Health Education, or your state department of education. This information is listed in the Resources Section at the back of this booklet.)

Educational programs of this type can have noteworthy results. For example, aggressive education within the gay community has made healthy behaviors more common. This has reduced the frequency of risky behaviors among gay men and radically slowed the increase of new HIV cases in some areas. To date, people who share needles have been more difficult to influence through educational programs.

Moreover, many heterosexual people refuse to believe they can get HIV and continue to practice highrisk behaviors.

What Are The Effects of the HIV Epidemic on Minority Communities?

HIV and AIDS are not specific to any ethnic or racial group. Nevertheless Blacks and Hispanics in the United States are affected in a disproportionate manner by the epidemic. Although racial and ethnic minorities comprise about 28% of the U.S. population, they account for nearly 50% of all new diagnosed AIDS cases each year. Social, economic, and cultural issues impact the effectiveness of HIV education.

Cultural factors can have an effect on the prevention of HIV and AIDS. For example, some cultures depict individuals in control of their environments, while other cultures see the individual's life as pre-determined. It may be more difficult for individuals who feel that their lives have been predetermined to take an active role in HIV prevention. For these people, HIV prevention may seem like trying to avoid the inevitable.

Sometimes traditional family or gender roles make it very difficult for women to talk about sex or negotiate the use of condoms with their sex partners. Doing so could bring accusations of promiscuity or infidelity. Also, some men who engage in risky sex may not perceive themselves as homosexual if they assume the insertive role in a sexual relationship with another man or if they have sex in exchange for money.

Various social and economic factors may affect a person's quality of life, including nutrition, access to medical care, and their level of education. Malnutrition makes a person more susceptible to many diseases. Lack of access to proper medical care can also delay the diagnosis of HIV. These factors facilitate the spread of HIV and have a detrimental impact on the quality of the infected person's life and their life expectancy. Low educational level and language barriers may limit a person's understanding of HIV and AIDS information, making education and prevention efforts less effective. Racism and discrimination can also interfere with AIDS education and prevention efforts: If HIV and AIDS are perceived as another means of discrimination or stigmatization for a group of people, they might receive preventive information with denial and apathy.

Within the classroom, it is particularly important for educators to become culturally-sensitive in their approaches to HIV education. This means educators must be aware of and understand different cultural attitudes and values and how these differences affect the ways students learn about HIV and AIDS. It's also important that educators be able to deliver information in a manner that does not connote judgments nor stereotypes, and to be able to address subjects from different points-of-view.

Students should be encouraged to share their knowledge and feelings about HIV and AIDS and to discuss situations which are relevant to their lives. This allows students to identify with HIV-related topics, to better assess their own HIV risks, and to develop the necessary skills to abstain from risky behaviors.

ithin the classroom, it is particularly important for educators to become culturally-sensitive to their approach to HIV education.

❷ What Is The HIV Antibody Test?

What many people call the "AIDS test" is not really a test for AIDS itself. In fact, there are several tests, all of which detect the presence of **antibodies** to HIV.

Antibodies are proteins that your body produces in response to an infection --in this case infection with HIV. A window period exists between the time when an individual is infected with HIV, and the time when antibodies to the virus can actually be measured. This window period may be a few weeks or a few months; by six months at least 95% of infected individuals test positive. So it's important to remember that if you've recently contracted HIV, you may not show antibodies when tested. However, if you do have HIV, you are capable of transmitting the virus to others, whether or not you have developed antibodies.

Because of treatment advances, many public health experts strongly encourage anyone who thinks they may be at risk for HIV to seek counseling and testing as soon as possible. The NEA Health Information Network also emphasizes the benefits of early testing and treatment, but offers caution that many HIV-positive people have suffered discrimination in healthcare, employment, housing, and other aspects of their lives due to their diagnosis. It's because of these problems that counseling before the test is important. If you think your behaviors may have put you at risk for HIV, you should seek counseling from your physician or other qualified counselor or healthcare provider. If you need information on where to find testing and counseling sites, contact your local or state HIV program coordinator, or local AIDS hotline. You can also call the National AIDS Hotline: 1-800-342-AIDS.

There are many different types of HIV antibody tests. The most commonly used tests include the "ELISA" (Enzyme-Linked Immunosorbent Assay), the "Western Blot," and the "IFA" (Immunofluorescent Antibody) tests. Only a small amount of blood is needed for these tests.

What Is the Testing Procedure?

Because it is the most sensitive of available tests, the ELISA test is given first. The ELISA test is very accurate. As with any medical test, errors are possible. Because the ELISA was designed to be highly sensitive, the errors that can be made are those that give a false positive result, indicating that HIV antibodies are present when they are not. To minimize the possibilities of a false positive result, a single positive ELISA test result is not enough to accurately determine if you truly have HIV. One positive ELISA test should be followed by another to confirm the results.

If your blood test is repeatedly positive on the ELISA, then more specific testing is required to confirm results -- either the Western Blot or the IFA test. Two positive ELISA tests and a confirming Western Blot or IFA test indicate the presence of HIV antibodies.

What Do the Test Results Mean?

Positive HIV Antibody Results
A confirmed positive test result means that you have HIV and can transmit the virus to others:

- through anal, vaginal, or oral sex;
- by sharing needles;
- perinatally (to a baby before or at birth) or possibly through breastfeeding;
- by donating blood, plasma, semen, tissue, or body organs.

A positive test result does **not** mean that you have AIDS. Available data suggest, though, that the great majority of persons who have HIV will eventually develop AIDS in the absence of effective therapy to slow or halt the infection's progression. Nonetheless, many people who have tested positive, while still capable of infecting others, have remained healthy for years after contracting HIV.

When you decide to take the HIV antibody test, counseling is strongly recommended both before and after the test to help you sort out your feelings, maintain a healthy lifestyle, and get appropriate medical attention. Many options are available to persons who have a positive test. It's important that a person at risk for HIV seek testing early and get appropriate medical attention. Early detection and intervention have been proven to prolong the health and lives of persons with HIV.

Negative HIV Antibody Results
A negative test result means that you have not developed antibodies to HIV. It is important to remember the window period between the time when an individual is infected with HIV, and the time when antibodies to the virus can actually be measured. During the window period an individual is capable of transmitting the virus through unsafe sex or needle sharing. Therefore, if you have engaged in any risky behaviors in the **six months to one year** before being tested, a negative test result may not be accurate. You may want to consider getting re-tested in a few months.

A negative test result does not mean that you are immune to HIV or AIDS or that you cannot contract HIV in the future. It's necessary to continue avoiding those behaviors that transmit HIV regardless of your test result.

If you think your behaviors may have put you at risk for HIV, you should seek counseling to help you decide whether to get tested.

How Can Someone Get Tested?

HIV antibody testing is available through most public health departments, clinics, or private physicians. The National Education Association believes that HIV antibody testing should only be provided on a voluntary basis and with counseling both before and after the test.

Different states have varying policies on HIV antibody testing. Usually, it is offered at little or no cost on either a "confidential" or "anonymous" basis.

Confidential testing requires that you give your name, and your test results become part of your private medical records. While all states have taken steps to ensure the confidentiality of your test results, it is possible that your results may be disclosed by a court order, or accidentally by those persons who are permitted access to your private medical records. Most states require the reporting of positive test results to health officials.

With **anonymous** testing, you do not have to reveal your name or any identifying information; instead, a code number is often used which you must present in person at the test site to receive your results. This arrangement ensures that only you get the results. However, if you test positive and request treatment, you must give a name.

Anonymous testing is often available at clinics or alternative health sites, or through public health departments. At public testing locations, you may have to make an appointment, and there may be a wait. Confidential testing can also be accomplished through private physicians or some biomedical laboratories, however these results may become part of your medical records and may be disclosed without your permission as described above. Additionally, your test results may be disclosed if you sign a blanket release form. Blanket release forms are commonly used by hospitals and insurance companies. And anyone with whom you've discussed your test results may share that information with others.

For more information on the HIV antibody tests, you can contact the AIDS hotline for your state, or one of the national AIDS hotlines (listed in the Resources Section at the back of this handbook).

Whether you take the test or not, and whatever the results, you should avoid putting yourself at risk in the future. Do not engage in risky activities.

NOTE: Information for the above section is based on "The HIV Antibody Test," American College Health Association. Used with permission.

❸ Guidelines For Handling Blood And Other Body Fluids In Schools

Many school personnel are concerned that HIV may be spread through contact with blood and other body fluids when an accident occurs in school.

HIV, as noted earlier, has been found in significant concentrations in blood, semen, vaginal secretions, and breast milk. Other body fluids, such as feces, urine, vomit, nasal secretions, tears, sputum, sweat, and saliva do not transmit HIV unless they contain visible blood. However, these body fluids do contain potentially infectious germs from diseases other than AIDS. If you have contact with any of these body fluids, you are at risk of infection from these germs. It should be remembered that the risk of transmission of these germs depends on many factors, including the type of fluid contacted, the type of contact made, and the duration of the contact. Also, specifically related to HIV, there has never been a reported case of HIV transmission in a school (or similar setting), even when contact with blood and body fluids has occurred.

Very simply, it is good hygiene policy to treat all spills of body fluids as infectious in order to protect personnel from becoming infected with any germs and viruses. The procedures outlined below offer protection from all types of infection, and should be followed routinely.

How Should Blood and Body Fluid Spills be Handled?

Whenever possible wear disposable, waterproof gloves when you expect to come into direct hand contact with body fluids (when treating bloody noses, handling clothes soiled by incontinence, or cleaning small spills by hand). Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily. Hands should always be washed after gloves are removed, even if the gloves appear to be intact.

If you have unexpected contact with body fluids or if gloves are not available (for example, when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, or helping a student in the bathroom), you should wash your hands and other affected skin for at least 10 seconds with soap and water after the direct contact has ended. This precaution is recommended to prevent exposure to other pathogens, not just HIV. As has been discussed, blood, semen, vaginal secretions, and blood-contaminated body fluids transmit HIV. Wiping a runny nose, saliva, or vomit does not pose a risk for HIV transmission.

Most schools already have standard procedures in place for removing body fluids such as vomit. These policies should be reviewed regularly by appropriate personnel to determine whether appropriate cleaning and disinfection steps have been included.

Handwashing

Proper handwashing requires the use of soap and warm water and vigorous washing under a stream of running water for at least 10 seconds. If hands remain visibly soiled, more washing is required. Scrubbing hands with soap will suspend easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary

to carry away dirt and debris. Rinse your hands under running water and dry them thoroughly with paper towels or a blow dryer. When hand-washing facilities are not available, use a waterless antiseptic cleanser, following the manufacturer's directions for use.

Disinfectants

An EPA approved germicide or a solution of 99 parts water to 1 part household bleach (or ¼ cup bleach to one gallon of water) will inactivate HIV, and should be used to clean all body fluid spills. Higher concentrations of bleach can be corrosive, and are unnecessary. Surfaces should be cleaned thoroughly prior to dis-infection.

Disinfecting Hard Surfaces and Caring for Equipment

Although hard surfaces have not been found to be a means of transmitting HIV, it is good hygiene policy to clean any soiled hard surfaces thoroughly. To do this, scrub the surface to remove any soil and apply a germicide (like the bleach/water solution described above) to the equipment used. Mops should be soaked in this solution after use and rinsed thoroughly with warm water. The solution should be promptly disposed of down a drain pipe. Remove gloves and discard them in appropriate receptacles, and wash hands as described above.

Laundry Instructions for Clothing Soiled with Body Fluids

It is important to remember that laundry has never been implicated in the transmission of HIV. To ensure safety from transmission of other germs, contaminated clothes must be laundered with soap and water to eliminate potentially infectious agents. The addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids may be washed separately from other items. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual, following the directions provided by the manufacturer of the laundry detergent. If the material can be bleached, add ½ cup of household bleach to the wash cycle. If the material is not colorfast, add ½ cup of non-chlorine bleach to the wash cycle.

It is good hygiene to treat all bodily fluids as infectious.

NOTE: Information for the above section based on the following:

"Guidelines for Handling Body Fluids in the School Setting," National Association of School Nurses, 1988. Used with permission.

Centers for Disease Control. Recommendations for prevention of HIV transmissions in health-care settings. MMWR 1987; 36 (suppl. no. 2S)

Centers fo

❹ HIV, AIDS, And The Need For Care and Compassion

HIV, as described earlier, is not spread by contacts that occur in school. The virus is very fragile and is transmitted by the behaviors described in Section One. If you don't engage in these behaviors, you don't have to worry about getting HIV.

But what about the many thousands of people who already have HIV or who are living with AIDS? The predictions are staggering: More than one million people in the United States are believed to have HIV. The National Commission on AIDS predicts that within the next few years every person in the United States will know someone who has HIV or AIDS.

How will you deal with these people? Will your first reaction be to avoid them, hiding in fear? There is no reason to hide. Or will you respond with care and compassion, especially for those who are ill?

Persons living with AIDS, called "PWAs" or "PLWAs", may well be family members, close friends, active students, or trusted colleagues. Rather than treating them with pity or scorn, you should continue to be the friend you've always been. Offer them your consideration, compassion, and help if they need it.

When people you know become ill, especially with a serious illness like AIDS, you may feel helpless or inadequate. You may tell your ill friends, "Just call if you need anything," but out of fear or insecurity you may dread the calls if they come. Here are some suggestions that may help you to assist friends who are ill.

When Friends Have HIV and AIDS:

*Call and ask if it's okay before you come to visit. Your friends may not feel up to a visitor that day. Don't be afraid to call back and visit on another occasion. Your friends need you. Now is a time when your friendship can help keep loneliness and fear at a distance.

*Learn as much as you can about HIV and AIDS.

*Don't avoid them. Be there -- it instills hope.

*Touch your friends. A simple squeeze of the hand or a hug can let them know that you still care.

*Respond to your friends' emotions. Weep with your friends when they weep. Laugh when they laugh. Don't be afraid to share these experiences; it's healthy to do so.

*Call and say you'd like to bring your friends' favorite food. Ask what day and time would be best for you to come. Bring the food in disposable containers so they won't worry about washing dishes. Spend time sharing a meal.

*Go for a walk or outing together, but ask about and know your friends' limitations.

*Offer to help answer any correspondence that they may find difficult.

*Offer to go shopping for your friends and make "special deliveries" to their homes.

*Celebrate holidays and life by offering to decorate your friends' homes or hospital rooms. Include your friends in holiday festivities. A holiday doesn't have to be marked on a calendar; you can make every day a holiday.

*Check in with your friends' spouses, care-partners, lovers, or roommates. Though your friends are the ones who are sick, others may also be suffering. Care-givers may also need small breaks from the illness from time to time. Offer to stay with the person who is sick in order to give the loved ones a break. Invite them out. Offer to accompany them places. They may need someone to talk with as well.

*Help care for your friends' children.

*Be creative: bring books, videotapes, magazines, music, a poster for the wall, home-baked cookies, or other delicacies to share. Send cards that say "I care!" All of these become especially important, and can bring warmth and joy.

*Bring along another old friend who perhaps hasn't yet been to visit.

*Don't be reluctant to ask about the illness, but be sensitive to whether your friends want to discuss it. Some people need to talk about their condition. Find out by asking, "Do you feel like talking about how you're feeling?" Be careful not to pressure your friends into talking.

*Like everyone else, persons with HIV or AIDS can have both good and bad days. On good days treat your friends as you would any other. On the bad days, however, treat your friends with extra care and compassion.

*You don't always have to talk. It's okay to sit silently together reading, listening to music, watching television, or holding hands. Much can be expressed without words.

*Can you take your friends somewhere? They may need transportation to a doctor, to a store, to a bank, or to a movie or community event. How about just a ride to the beach or to the park?

*Encourage your friends to make decisions. Illness can cause a loss of control over many aspects of life. Don't deny them a chance to make decisions, no matter how simple or silly they may seem to you.

*Be prepared for your friends to get angry at you for no reason, although you've been there and done everything you could. Remember that anger and frustration are often taken out on the people most loved because it's safe and will be understood.

...continue to be the friend you've always been.

*Keep your friends up to date on clubs, organizations, or mutual friends. Discuss current events. Your friends may be tired of talking about symptoms, doctors, and treatments. Take your cues from your friends.
*Friends and lovers are also families. Demonstrate this by behaving like a loving family member if you are a friend, and by acknowledging the importance of these relationships if you are a "blood" relative or healthcare professional.

*If you are religious, ask if you can pray for your friends. Don't hesitate to share your faith. Spirituality can be very important at times like these.

*Don't permit your friends to blame themselves for their illnesses. This may be especially difficult.

*Offer to do household chores, perhaps taking out the trash, doing laundry, washing dishes, watering plants, or feeding or walking pets. This help may be appreciated more than you realize. However, don't take away chores your friends can still do. Ask before doing anything.

*Don't lecture or be angry at your friends if they seem to be handling their illnesses in a way that you think is inappropriate. You may not understand what their feelings are and why they make certain choices.

*Don't confuse acceptance of the illness with defeat. This acceptance may free your friends and give them a sense of their own power.

*Don't allow your friends and their care-givers to become isolated. Let them know about support groups and other concrete, practical services offered without charge by local AIDS organizations.

*Talk about the future: tomorrow, next week, next year. It's good to look toward the future without denying the reality of today. Hope is important at this time.

*Bring a positive attitude. It's catching!

*Finally, take care of yourself! Recognize your own emotions and honor them. Share your grief, anger, feelings of helplessness, or whatever is coming up for you, either individually with other friends or in a support group. Getting the support you need during this time will help you be a friend to your friends.

NOTE: Information from the above section is based on "When A Friend Has AIDS," written by Dixie Beckham, Luis Palacios, Vincent Patti, and Michael Shernoff of Chelsea Psychotherapy Associates of New York. Copyright 1988. Used with permission

❺ Saying Goodbye To Someone You Love

Death is a normal and inevitable part of everyone's life. Yet few of us are prepared to deal effectively with someone who is dying. Very often we're left feeling powerless and helpless, with a sense that there is little we can do to make a difference during this time.

AIDS has caused many people to confront the issues of death and dying earlier than they ever expected. The disease often cuts people down in the prime of their lives, frequently before they've had a chance to realize their hopes and dreams. This creates a very profound sadness.

Facing the death of a loved one requires special coping and adjusting. Just how do you say "goodbye" to a life of sharing and loving?

Time is very important. Death destroys the illusion that you always "have time." The end of life is a time for trying to settle differences and for completing unfinished business. Use what time you have left together doing things you both enjoy, and saying things that have been left unsaid between you. Tell your loved one what they mean to you, what you've learned from them, and when you will think about them. Reminisce about the wonderful, funny, or hard times that you've shared. Spend time together -whether crying, laughing, or silently holding hands. Touch and hold the person. Understand that all we have between people are moments: moments of sharing, of being close, and of being understood. These experiences will provide rich and beautiful memories.

It's important to remember that there is no "right" or "wrong" way to die. Each person dies differently, according to their needs. Not everyone can die in a noble or heroic way. Some people die fighting, others give up. Someone who is dying may be very angry and may strike out at those who are closest. Understand this and try not to take it personally. Your loved one may fear dying, or possibly welcome it. Many people die in character, often exactly how they lived. Allow your loved ones to face their final moments however they wish.

Denial of death is common. If this doesn't hurt anyone, don't try to take this away from the person who is dying. After all, with what can you replace this denial?

Dying can be very different from your expectations. Prepare yourself for this, and try not to let it interfere with your relationship with the person who is dying. Despite how difficult it may be for you, be there for your friend.

Grief is a process of healing which takes time. Grieving is a way of letting go of what might have been. It is a time for making peace with the reality of loss. Learn to nurture yourself. Don't allow the pain to frighten you. The hurt can feel like a bottomless pit, but you will eventually feel better.

Dying people still have hopes: hope for an end to suffering, hope for being remembered, hope for an afterlife. Support these hopes. They may not have anything else at this time. The dying also have special needs. Sometimes they need to plan their own funerals or make other arrangements. Sometimes they need to give away things

they have cherished in the hope of keeping their memory alive. Find out if you can be helpful in carrying out these last wishes.

Mourning is a part of grieving that begins at the time of diagnosis and continues long after the person has died. Although your loved one is physically gone, your feelings don't go with them. Mourning is a way of saying goodbye. Don't avoid it. You need time for healing. Pictures, letters, and other pieces of the deceased's personal property can be helpful during this time. Use them to help you get through this period.

Each person grieves differently. You'll find that you grieve in your own style and at your own pace. You may feel relief following the death of a loved one, especially if dying has been drawn out and difficult. You may not believe that the death has really happened. Many people want to deny that someone they've loved is gone. The initial shock and disbelief may be followed by a period of feeling overwhelmed, confused, or disorganized.

The lack of grief following a death may be a way to deny that someone you loved has died. While some denial is normal and often useful, not allowing yourself to feel the pain of grief may make things more difficult later on.

Intense weeping is one of the main expressions of grief. It is a release of feelings as well as a means of making contact with others during these powerful moments. Crying can be healthy and cleansing, but not everyone is a crier, so don't try to force this if it's not a natural way for you to react. Some people experience shortness of breath, tightness in the throat, frequent sighing, fatigue, difficulty concentrating or sleeping, loss of appetite or sex drive, or think they hear the voice of the person who died.

You may be angry without realizing it. You may be very angry at the deceased for dying. This reaction is normal. Forgiveness plays an important part in your grief. You may need to forgive him or her for dying and leaving you. You may need to forgive yourself for all the things you could have done or would have done differently. Try not to turn the anger or rage against yourself. It's okay to let it out; a truly horrible thing has just happened to you. The loss of a spouse, lover, child, parent, or close friend is a real reason to be angry.

Realize that you may also be mourning the dreams you had for the deceased. As a spouse or lover, it may be the house you had planned to buy together, or that special trip you never got to take. As a parent, it may be the hopes and dreams you had for your child.

You may notice others are acting in ways that you think are inappropriate. Allow them to express grief in their own way.

Don't deny your urges to exercise your faith, religion, or spirituality. These beliefs may provide some needed comfort and answers. The traditional rituals of mourning, such as wakes, funerals, burials, Shiva, memorial services, cemetery stones, or novenas, can serve an important function. Ceremonies help make accepting death easier and provide an arena to share your grief. Don't deprive yourself of these rituals if they are meaningful to you.

The period of mourning immediately following a death is not the time to make any major decisions. Allow yourself time for feelings of pain and loss to pass. After someone's death, it's not uncommon to need a vacation, to get away, to lie on a beach. Space and distance can be helpful and healing, but beware of isolating yourself from friends, family, and the living.

You don't always have control over your memories. A special song can reawaken old feelings. Birthdays, anniversaries, or holidays may be especially painful. These feelings are a normal part of life, and remind you that you still care for the person you've lost.

The hardest time of all may be when you are alone, and the loss settles in. Life returns to what it was before, only your loved one has died. You may feel empty inside. You cannot continue to live your life as if your loved one were still alive. This doesn't mean giving up your feelings: The task is to find ways to let the person live on in your memories.

A point of understanding and acceptance will eventually occur. Thinking continuously about your lost loved one does diminish over time. The intense feelings lessen, and the memories become less painful. You'll develop a renewed interest in other people and in life in general.

Grieving a death from AIDS may be particularly difficult if other friends have been diagnosed. Facing the deaths of several people can leave you feeling numb, burnt out, and unable to completely mourn any one person.

Through it all, remember that others can help. You're entitled to all the help you need. This is not a time for you to be alone. Reach out to a friend, a family member, social worker, or a clergy person. Inquire if a local service organization offers support groups for the bereaved.

Remember: It's okay to survive the death of someone you love.

NOTE: The information used in this section was originally developed by Dixie Beckham, Luis Palacios, Vincent Patti, and Michael Shernoff of Chelsea Psychotherapy Associates of New York. Copyright 1988. Used with permission.

National Hotlines...

If you have further questions about HIV or AIDS, you can contact the following national hotlines, or the AIDS hotline for your city or state:

National HIV/AIDS Teen Hot-line	800/440-TEEN (8336)
American Red Cross	Fri & Sat, 6pm-12am
Centers for Disease Control and Prevention (CDC)	
CDC National AIDS Hot-line	800/342-AIDS (2347)
Spanish	800/344-7432(SIDA)
Hearing Impaired	800/243-7889
Classroom Calls	800/342-AIDS
CDC National Sexually Transmitted Disease (STD) Hot-line	800/227-8922
CDC National AIDS Clearinghouse (Fax on demand-service & Publication information)	800/458-5231
Center for Substance Abuse Prevention	800/662-4357
National Clearinghouse for Alcohol and Drug Information	800/729-6686
National Hemophilia Foundation	800/42-HANDI
National Native American AIDS Hotline	800/283-AIDS
National Pediatric HIV Resource Center	800/362-0071
U.S. Department of Education -- ACCESS ERIC	(800)LET-ERIC

ERIC (Education, Research, and Information Clearinghouses) maintains multiple information clearinghouses on education topics.

State HIV Education Contacts

Alabama State Department of Education
Division of Federal Programs
Gordon Persons Building
504 N. Ripley Street
Montgomery, Alabama 36130
(334) 242-8199

Alaska Department of Education
Division of Teaching and Learning Support
801 W. 10th Street
Juneau, Alaska 99811-1894
(907) 465-2887

American Samoa Government
Department of Education
Division of Curriculum and Instruction
Pago Pago, American Samoa 96799
(684) 633-1246

Arizona Department of Education
Comprehensive School Health Unit
1535 West Jefferson
Phoenix, Arizona 85007
Brenda Henderson (602)542-8705

Arkansas Department of Education Curriculum and Assessment Section
#4 Capitol Mall
Little Rock, Arkansas 72201
Margie Towery (501) 682-4473

California Department of Education
Healthy Kids, Healthy California Office
721 Capitol Mall, P.O. Box 944272
Sacramento, California 94244-2720
(916) 657-2810

Colorado Department of Education
Prevention Initiatives Unit
201 East Colfax
Denver, Colorado 80203-1499
(303) 866-6685

Connecticut State Department of Education
165 Capitol Avenue
State Office Building
Hartford, Connecticut 06457
(860)566-2763

Delaware State Department of Public Instruction
Townsend Building, PO Box 1402
Dover, Delaware 19903
(302) 739-4676

Dept. of Defense Dependent Schools
4040 N. Fairfax Drive
Arlington, VA 22203
703/696-4247

District of Columbia Public Schools
Comprehensive School Health Program
Rabaut Administrative Building
100 Peabody NW
Washington, DC 10011
(202)882-2233

Florida Department of Education
Comprehensive School Health Program
325 W. Gaines Street, Suite 414
Tallahassee, Florida 32399-0400
(904)488-7835

Georgia Department of Education
AIDS Instructional Policy
1752 Twin Towers East
Atlanta, Georgia 30334
J. Rendel Stalvey (404) 656-3435

Guam Department of Education
Division of Curriculum and Instruction
P.O. Box DE
Agana, Guam 96910
(671) 475-0448

Hawaii Department of Education
Office of Instructional Services
P.O. Box 2360
Honolulu, Hawaii 96804
(808) 396-2563

Idaho Department of Education
Bureau of Instruction/School Effectiveness
P.O.Box 83720
Boise, Idaho 83720
(208) 334-2281

Illinois State Board of Education Educational Innovation, Reform and Reengineering
100 North First Street, Mail stop N242
Springfield, Illinois 62777
(217) 782- 2826

Indiana Department of Education Office of Student Services
State House, Room 229
Indianapolis, Indiana 46204-2798
(317) 232-6975

Iowa Department of Education
Office of Educational Support for Children, Families, and Communities State Office Building
Des Moines, Iowa 50319- 0146
(515) 242-6015

Kansas Department of Education
120 S.E. 10th Avenue
Topeka, Kansas 66612
(913) 296-6715

Kentucky Department of Education Division of Program Resources
Capital Plaza Tower
500 Mero Street
Frankfort, Kentucky 40601
(502) 564-3791

Louisiana Department of Education, Bureau of Student Services
P.O. Box 94064
Baton Rouge, Louisiana 70804-9064
(504) 342-3478

Maine Department of Education
23 State House Station
Augusta, Maine 04333
(207) 287-5800

Maryland Department of Education
Pupil Services Section
200 West Baltimore Street
Baltimore, Maryland 21201
(410) 767-0305

Massachusetts Department of Education, Learning Support Services
350 Main Street
Malden, MA 02148-5023
(617)388-3300, ext-394

Michigan Department of Education Comprehensive Programs in Health and Early Childhood
P.O.Box 30008
Lansing, Michigan 48909
(517) 373-1486

Minnesota Department of Education
AIDS Prevention/Risk Reduction
712 Capitol Square Building

St. Paul, Minnesota 55101
(612) 296- 5833

Mississippi State Department
Bureau of Instructional Development
P.O. Box 771
Jackson, Mississippi 39205-0771
(601) 359-2359

Missouri Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102
(314) 751-3805

Montana Office of Public Instruction Division of Health Enhancement
Capital Building
P.O.Box 202501
Helena, Montana 59620-2501
(406)444-1963

Nebraska Department of Education Curriculum and Instruction
301 Centennial Mall South
Box 94987
Lincoln, Nebraska 68509
(402) 471-4334

Nevada Department of Education Federal and Related Programs Branch
700 E. 5th Street
Carson City, Nevada 89710
(702) 687-9216

New Hampshire Department of Education
Division of Educational Improvement
101 Pleasant Street
State Office Park South
Concord, New Hampshire 03301
(603) 271-3870

New Jersey Department of Education
Division of General Academic Education
CN 500
225 West State Street
Trenton, NJ 08625
(609) 984-1890

New Mexico Department of Education
Education Building, 300 Don Gaspar
Santa Fe, New Mexico 87501-2786
(505) 827-1805

New York Department of Education
Comprehensive Health and Pupil Services
Education Building, Rm.318 MEB
964 Washington Avenue
Albany, New York 12234
(518)486-6090

North Carolina Department of Public Instruction, Healthful Living Section Education Building
301 N. Wilmington Street
Raleigh, North Carolina 27601-2825
(919) 715-1823

North Dakota Department of Public Instruction, Educational Support Programs
600 E. Boulevard Avenue
Bismark, North Dakota 58505-0164
(701) 328-4138

Ohio Department of Education Prevention, Health, and Family Involvement
65 South Front Street
Columbus, Ohio 43215-4183
(614) 466-0523

Oklahoma State Department of Education
2500 North Lincoln Boulevard
Oklahoma City, OK 73105-4599
(405) 521-6645

Oregon Department of Education
Office of Student Services
255 Capitol Street, NW
Salem, Oregon 97310
(503) 378-5525

Pennsylvania Department of Education
Wellness and Fitness Program Unit
333 Market Street
Harrisburg, Pennsylvania 17126-0333
(717) 787-9862

Puerto Rico Department of Education School Health Program
P.O. Box 190759
Hato Rey, Puerto Rico 00919-0759
(809) 753-0989

Rhode Island Department of Education, Office of Integrated Social Services
22 Hayes Street
Providence, Rhode Island 02908
(401) 277-6523

South Carolina Department of Education
Rutledge Building
1429 Senate Street
Columbia, South Carolina 29201
(803) 734-8380

South Dakota Department of Education, Comprehensive School Health Program
700 Governors Drive
Pierre, South Dakota 57501-2293
(605) 773-3261

Tennessee Department of Education
Curriculum and Instruction
8th Floor Gateway Plaza
710 James Robertson Parkway
Nashville, Tennessee 43-0379
(615) 532-6266

Texas Education Agency
Curriculum Assessment and Technology
1701 North Congress Avenue
Austin, Texas 78701-1494
(512) 463-9581

Utah State Board of Education Operations
250 East 500 South
Salt Lake City, Utah 84111
(801) 538-7606

Vermont Department of Education
Health/HIV Education Team
120 State Street
Montpelier, Vermont 05620-2501
(802) 828-5151

Virgin Islands Department of Education, Division of Curriculum Instruction and Training
44-46 Kongens Gade U.S.
Charlotte Amalie, Virgin Islands 00802
(809)773-1095

Virginia Department of Education
Student Services
P.O.Box 2120
101 North 14th Street
Richmond, Virginia 23216-2120
(804) 225-4543

Washington State Education
Student Services
Old Capitol Building
Legion and Franklin
P.O.Box 47200
Olympia, Washington 98504
(360) 586-0245

West Virginia Department of Education, Healthy Schools
1900 Kanawha Blvd. East
Charleston, West Virginia 25305
(304) 558-8830

Wisconsin Department of Public Instruction, Student Services/Prevention and Wellness
125 South Webster Street, 4th Floor
P.O. Box 7841
Madison, Wisconsin 53702
(608) 266-0963

Wyoming Department of Education
Division of Curriculum and Instruction
Hathaway Building
2300 Capitol Avenue
Cheyenne, Wyoming 82002-0050
(307) 777-5315

National HIV Education Programs

ADVOCATES FOR YOUTH

1025 Vermont Avenue, N.W., Ste .200
Washington, D.C. 20005
202/347-5700

AFY offers a resource center with journals, books, curricula, sample policies and other materials on adolescent sexuality. Technical assistance and training available for advocacy, developing and implementing a peer education program, staffing a teen council, responding to opposition, cultural competency and other issues. Maintains a clearinghouse on teen pregnancy, and a support center for school-based health centers.

- Select Materials:

TEENS FOR AIDS PREVENTION – peer education curriculum
YOUTH LEADERS' GUIDE TO BUILDING CULTURAL COMPETENCY
CONDOM AVAILABILITY IN THE SCHOOLS: A GUIDE FOR PROGRAMS
GUIDE TO PROGRAMS FOR SCHOOL BASED HEALTH CENTERS

AMERICAN ACADEMY OF PEDIATRICS

141 Northwest Point Blvd.
P.O.Box 927
Elk Grove Village, IL 6009-0927
(708)228-5005

AAP can provide expertise and materials on a variety of school and child health issues including HIV/AIDS and comprehensive school health. Coordinates a national Committee on School Health.

- Select Materials:

SCHOOL HEALTH: POLICY AND PRACTICE, 5TH EDITION

AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS

1801 North Moore Street
Arlington, VA 22209
703/875-0755

AASA's HIV Prevention Education Project can provide examples of policy planning, development, and management processes from the school administrator's perspective. Can provide site visits with administrators to learn what's happening and how AASA can be of assistance. Publications and materials available.

AMERICAN MEDICAL ASSOCIATION

515 North State Street
Chicago, IL 60610
312/464-5570

AMA can provide policy resource materials and review expertise. Publications and materials available.

- Select Materials:

CULTURALLY COMPETENT HEALTH CARE FOR ADOLESCENTS – a guide for primary care providers
GUIDELINES FOR ADOLESCENT PREVENTIVE SERVICES (GAPS)

AMERICAN NURSES ASSOCIATION

600 Maryland Avenue SW,
Suite 100 West
Washington, D.C. 20024
202/651-7000

ANA can provide information on health services issues teachers might encounter. Resource Center can provide articles, references, and referrals to their "Talent Bank" of established nursing contacts in major school districts. Call (800)669-9954.

- Select Materials:

ROLE OF THE SCHOOL NURSE IN HIV/AIDS PREVENTION MANAGEMENT

AMERICAN RED CROSS -- National Office

8111 Gatehouse Road, 6th Floor
Falls Church, VA 22042
703/206-7180
OR contact your local chapter

American Red Cross offers videos, brochures, workbooks, comic books, and other materials that encourage young people, parents, and educators to openly discuss the impact HIV and AIDS can have on their lives. A variety of programs are available including the Basic, African American, Hispanic, and Workplace HIV/AIDS Programs.

- Select Materials:

ACT SMART – a curriculum, consisting of three age-appropriate units, for youth ages 6-17. Developed with the Boys & Girls Clubs of America
HIV/AIDS PREVENTION FOR THE FAMILY – a guide for young people, parents, and caregivers available in English and Spanish
THE YOUTH CATALOG: A GUIDE TO AMERICAN RED CROSS YOUTH PRODUCTS

AMERICAN SCHOOL HEALTH ASSOCIATION

7263 State Route 43
Kent, OH 44240
216/678-1601

ASHA offers a wide range of print materials and presentations on HIV/AIDS and Comprehensive School Health. Currently piloting a program to coordinate efforts by public health departments with youth workers called CHAMPS (Coordinating Health Advocates Mobilized for Prevention). Presentations and one-day workshops include "Integrating HIV instruction in all disciplines", and "Approaching Multi-Cultural Populations". Call for other services and materials.

- Select Materials:

BUILDING EFFECTIVE COALITIONS TO PREVENT THE SPREAD OF AIDS: PLANNING CONSIDERATIONS
A GUIDE TO SCHOOL HEALTH INSTRUCTIONAL MATERIALS
SCHOOL-BASED HIV PREVENTION: A MULTI-DISCIPLINARY APPROACH

AMERICAN ASSOCIATION FOR OF HEALTH EDUCATION

1900 Association Drive
Reston, VA 20191
703/476-3437

AAHE offers training programs, materials, and information on elementary and secondary teacher preparation to teach HIV prevention. Formal training programs include teaching HIV prevention to children with special needs, and multi-cultural education. Materials also available on comprehensive school health. Call for services and materials.

- Select Materials:

ADVOCACY KIT – focusing on managing controversy
GUIDELINES FOR HEALTH EDUCATORS
RESOURCES FOR HEALTH EDUCATORS
GUIDELINES FOR ADAPTING HIV MATERIALS TO SPECIAL EDUCATION

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

415 Second Street, NE, Suite 200
Washington, D.C. 20002
202/546-5400

ASTHO's HIV/School Health Project can provide names of resource persons/contacts from state and possibly local health departments to assist in HIV/AIDS prevention education efforts. Call for services and materials.

CITIES IN SCHOOLS, INC.

1252 West Peachtree Street, Ste. 304
Atlanta, GA 30309
404/873-2993

CIS offers training and technical assistance to local community leaders to support the development of independent local public/private partnerships committed to improving coordinated delivery of community services for troubled youth and family. Local CIS programs involve youth through a variety of programs focused on youth entrepreneurship, community service, peer mentoring, and education and the performing art. Peer education training available for "Teen Health Core". Call for location of nearest CIS office.

COMPREHENSIVE HEALTH EDUCATION FOUNDATION

22323 Pacific Highway
S. King County
Seattle, WA 98198
206/824-2907 or (800)323-2433

CHEF offers training, consultation, and materials on middle level comprehensive health, including HIV/AIDS education. Through a summer institute, CHEF offers mini-course training in "Get Real About AIDS" curriculum. Training materials also available on "Natural Helpers" peer education program. Call for materials catalogue and services.

- Select Materials:

TOGETHER WE CAN – community planning kit

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

One Massachusetts Avenue NW,
Suite 700
Washington, D.C. 20001
202/408-5505

CCSSO's HIV/School Health Project can serve as a liaison with state education agencies to support advocacy efforts for HIV/AIDS education and comprehensive school health. Publications and materials available.

- Select Materials:

LESSONS FROM THE CLASSROOM – comprehensive school health

EDUCATION DEVELOPMENT CENTER

55 Chapel Street, Middlesex County
Newton, MA 02160
617/969-7100

EDC offers train-the-trainer and teacher trainings, policy development and management expertise, technical assistance, and materials and publications regarding a variety of issues including community organizing, involving youth in government, research-based HIV curriculum, sexual orientation, and comprehensive school health.

- Select Materials:

EDUCATING FOR HEALTH
CHOOSING THE TOOLS: A REVIEW OF SELECTED k-12 HEALTH EDUCATION CURRICULA

EDUCATION, TRAINING, AND RESEARCH (ETR) ASSOCIATES

P.O. Box 1830
Santa Cruz, CA 95061
408/438-4060

ETR Associates offers materials, workshops, and trainings on a variety of issues including parent/community involvement, HIV education, and peer education.

- Select Materials:

CONTEMPORARY HEALTH PUBLICATIONS SERIES (K-12) – call for catalogue

GIRLS, INCORPORATED

National Resource Center
441 West Michigan Street
Indianapolis, IN 46202
317/634-7546

GIRLS, Inc. offers materials, trainings, and links to local expertise on issues related to girls and young women. Packaged curricula available in different areas focusing on the strengths and issues for girls ages 16-18 including sexuality education, and substance abuse prevention. Peer substance abuse prevention program available "Friendly PEERsuasion". Call the GIRLS, Inc. National Resource Center for more information.

NAMES PROJECT FOUNDATION

310 Townsend Street, Suite 310
San Francisco, CA 94107-1639
(415) 882-5500

The NAMES Project Foundation offers funding and assistance for *the National High School Quilt Project.* School displays of quilt panels from the AIDS Memorial Quilt are planned with assistance from local NAMES Project chapters and other AIDS education/prevention organizations. Student and discussion leader materials are provided to facilitate discussion and follow-up activities to viewing the quilt.

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS

1330 New Hampshire Ave., N.W.
Washington, D.C. 20036
202/659-8008

Through their *Adolescent School Health Initiative, NACHC* develops ongoing programs to establish curriculum and services specific to communities. Expertise on policy development regarding community health issues, training services, and numerous peer education and youth involvement programs are available within the community health centers they represent.

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

1413 K Street NW, 10th Floor
Washington, DC 20005
(202)898-0114

NAPWA has a National Speakers Bureau of people living with HIV. NAPWA can assist in matching speakers with audiences to increase impact of the speaker. Numbers publications available focusing on issues surrounding living with HIV/AIDS.

NATIONAL ASSOCIATION OF SCHOOL NURSES

P.O.Box 1300
Scarborough, ME 04070-1300
(207)883-2117

Can provide expertise and materials regarding school health policies and practices.

NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION

1012 Cameron Street
Alexandria, VA 22314
703/684-4000

Through their *HIV Prevention Through Healthy Schools Project, NASBE* can provide assistance in developing school health and HIV policies, and advice on advocating with the state board of education and with state level coalition development and management. Materials and publications available.

- Select Materials:

SOMEONE AT SCHOOL HAS AIDS: A COMPLETE GUIDE TO EDUCATION POLICIES CONCERNING HIV INFECTION

NATIONAL CENTER FOR HEALTH EDUCATION

72 Spring Street, Suite 208
New York City, NY 10012
212/334-9470

NCHE can provide services and materials focusing on family involvement in children's health education, HIV/AIDS, substance abuse, and violence prevention for families of children grades K-6. Can provide training, in-service, and pre-service education on a variety of issues including curriculum development, cultural competency, and comprehensive school health programs in the context of school reform.

- Select Materials:

CRITERIA FOR EVALUATING AN AIDS CURRICULUM
GUIDELINES FOR HIV/AIDS STUDENT SUPPORT SERVICES

NATIONAL COALITION OF ADVOCATES FOR STUDENTS

100 Boylston Street, Suite 737
Boston, MA 02116
617/357-8507
(800)441-7192 – CHIME

NCAS advocates for HIV education relevant to migrant and seasonal farmworkers and other immigrant youth. In-service workshops and materials available including culturally sensitive approaches for Latino communities.

- Select Materials:

STEPS TO HELP YOUR SCHOOL SET UP AN AIDS CURRICULUM – English, Spanish, and Haitian Kreyol.
¡VIVEROMOS! ON THE ROAD TO HEALTHY LIVING/EL CAMINO HACIA LA SALUD – bi-lingual AIDS prevention curriculum for migrant students grades 6-12.

NATIONAL COALITION OF HISPANIC HEALTH AND HUMAN SERVICES ORGANIZATIONS

1501 16th Street, NW
Washington, DC 20036
(202) 797-4331

Can provide expertise and culturally specific materials for organizations serving Hispanic populations.

NATIONAL CONFERENCE OF STATE LEGISLATURES

1560 Broadway, Suite 700
Denver, CO 80202
303/830-2200

NCSL's HIV and Adolescent Health Project can offer advice on advocating to legislators for HIV/AIDS prevention education and can provide information on related issues to legislators and their staff.

NATIONAL EDUCATION ASSOCIATION(NEA)

1201 16th Street N.W.
Washington, D.C. 20036

NEA HEALTH INFORMATION NETWORK, Suite 521
202/822-7570

NEA HIN can provide sample HIV and school health policy, curriculum, and training information specific to public school employees. NEA HIN can assist in advocating to local affiliates for HIV/AIDS prevention education and comprehensive school health programs.

- Select Materials:

RESPONDING TO HIV/AIDS – a publication for school employees
WHAT WORKS? – a summary of effective HIV, sexually transmitted diseases, and pregnancy prevention programs identified by the Centers for Disease Control and Prevention (CDC). Includes research references, and ordering and training information.

NEA HUMAN AND CIVIL RIGHTS, Suite 615
202/822-7578

- Select Materials:

ACTION SHEET, SEX EDUCATION-- summarizes NEA's resolution on sex education and steps for local advocacy.
ACTION SHEET AND INFORMATION ON PROVIDING QUALITY EDUCATION TO GAY AND LESBIAN STUDENTS – summarizes NEA's resolution on gay and lesbian students, information available on sensitivity training for teachers.

NATIONAL NETWORK FOR YOUTH

1319 F Street, N.W., Suite 401
Washington, D.C. 20004
202/783-7949

NNY can provide skills-based HIV prevention training for local education agencies working with youth in high risk situations, and offers expertise in training peer educators and young adult teams. Training modules available on cultural competency and special needs of gay, lesbian, bi-sexual, and transgender youth in HIV prevention.

- Select Materials:

SAFE CHOICES PROJECT: AIDS AND HIV POLICIES AND PREVENTION PROGRAMS FOR HIGH-RISK YOUTH

NATIONAL PARENT TEACHER ASSOCIATION (PTA)

700 North Rush Street
Chicago, IL 60611-2571
(312)787-0977

The National PTA can provide assistance with advocating to local PTA's for HIV/AIDS education.

- Select Materials:

HIV/AIDS EDUCATION KIT – resource kit to encourage parent/adult involvement in their schools' and communities' AIDS education efforts. Includes planning guide for PTA leaders.

NATIONAL SCHOOL BOARDS ASSOCIATION

1680 Duke Street
Alexandria, VA 22314
703/838-6722

Through their *HIV/AIDS Education and School Health Project, NSBA* can provide education programs and resources aimed at school board members. NSBA maintains an HIV/AIDS database and library containing sample policies on HIV/AIDS and other school health issues, curriculum development and sample curriculum, peer education, managing controversy and other topics.

- Select Materials:

REDUCING THE RISK: A SCHOOL LEADER'S GUIDE TO AIDS EDUCATION, 2ND EDITION

NATIONAL SCHOOL HEALTH EDUCATION COALITION (NaSHEC)

1001 G Street, N.W., Suite 400 East
Washington, D.C. 20001
202/408-0222

NaSHEC can provide phone consultation and technical assistance for developing coalitions that promote HIV prevention education and comprehensive school health. Resource guide of state developed curricula available. Can provide advocacy at state and federal levels.

PUBLIC EDUCATION FUND NETWORK

601 13th Street, N.W., Suite 290 North
Washington, D.C. 20005
202/628-7460

The PEFNET Comprehensive School Health Initiative can provide advocacy and identify local contacts within local education fund agencies.

SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE U.S.

130 W. 42nd Street, Suite 350
New York City, NY 10036
212/819-9770

SIECUS can provide technical assistance and advice for curriculum developers. Community Action Kit available to provide strategies and materials to help implement sexuality education programs. Library and information service can provide bibliographies and references on issues relating to sexuality.

- Select Materials:

COMMUNITY ACTION KIT – an information pack to support comprehensive sexuality education
GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

Journals, Periodicals & Newsletters

see national HIV education programs for organization contact information

Advocates for Youth
Options (adolescent sexual health)

American School Health Association
Journal of School Health

Education Development Center
Network News (school health topics)

National School Boards Association
Comprehensive School Health--Issue Briefs,

NEA Health Information Network
F.I.S.H. Net Newsletter (Forward in School Health Network, school health/HIV)

Publications and Materials

HIV/AIDS AND ABSTINENCE - a database search series
LOCATING RESOURCES ABOUT HIV/AIDS AND THE RELIGIOUS COMMUNITY
GUIDELINES FOR EFFECTIVE SCHOOL HEALTH EDUCATION TO PREVENT THE SPREAD OF AIDS

Available from:
Centers for Disease Control and Prevention
National AIDS Clearinghouse
800/458-5231

CREATING HEALTHY COMMUNITIES TOGETHER - World Health Day 1996 resource booklet
WORLD AIDS DAY RESOURCE BOOKLET

Available from:
American Association for World Health
1129 20th Street NW, Suite 400
Washington DC 20036-3403
202/466-5883

TALKING WITH KIDS ABOUT AIDS: A PROGRAM FOR PARENTS AND OTHER ADULTS WHO CARE

Available from:
Cornell University
Martha Van Rensselaer Hall, Room 184
Ithaca, NY 14853
607/255-1942

PRACTITIONER'S PERSPECTIVE ON THE INTERRELATIONSHIP OF THE HEALTH AND EDUCATION OF CHILDREN

National Health and Education Consortium
c/o Institute for Education Leadership
1001 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036
(202)822-8405

On-Line Resources

Centers for Disease Control and Prevention (CDC)
http://ww.cdc.gov/cdc/html
Morbidity and Mortality Weekly Reports, and CDC Prevention Guidelines and Strategies, and the National AIDS Clearinghouse publications and materials available for download.

American Social Health Association (ASHA)
http://sunsite.unc.edu/ASHA/
Descriptions of ASHA's hotline services, a dictionary of common Sexually transmitted disease (STD) related terms, a list of facts about STDs, materials available from ASHA, recent news releases, and results of ASHA surveys.

Indiana Prevention Resource Center Website
http://www.drugs.indiana.edu/druginfo/alcohol.html
Alcohol related topics including relationship between alcohol/drugs and HIV/AIDS and other sexually transmitted diseases.

U.S. Department of Education Online Library
gopher://gopher.ed.gov:70/11/programs/ERIC/searchs
Searchable database contains more than 1,500 two-page syntheses of research on a range of education issues, available in full-text for download.

Videos

IN OUR OWN WORDS: TEENS AND AIDS Media Works, 800/600-5779

TEEN: AIDS IN FOCUS
San Francisco Study Center, 415/626-1650

AIDS: NOT US
HIV Center for Clinical and Behavioral Studies, 212/960-2200

SEX, DRUGS, AND HIV
ODN Productions, Inc., 800/707-MEDIA

DON'T FORGET SHERRIE
American Red Cross, call your local chapter

CONSIDERING CONDOMS

SPEAK MY NAME
NEA Professional Library 800/229-4200

Special Events

WORLD HEALTH DAY, APRIL 7TH
WORLD AIDS DAY, DECEMBER 1ST
American Association for World Health, 202/466-5883

CHILD HEALTH MONTH, OCTOBER
American Academy of Pediatrics, 708/228-5005

NATIONAL FAMILY SEXUALITY EDUCATION MONTH, OCTOBER
Planned Parenthood Federation of America, 212/541-7800